

HP Enterprise Services - Nevada Medicaid and Nevada Check Up

Electronic Transaction Agreement for Service Centers

This is to certify that _____
(Service center name, clearinghouse name, or direct submitter's business name)

of _____
(City) (State) (Zip Code)

on this _____, 20_____, agrees to follow conditions for
the submission of electronic transactions to HP Enterprise Services for Processing

1. The Service Center agrees to abide by the policies of HP Enterprise Services and the Nevada Division of Health Care Financing and Policy (DHCFP).
2. The Service Center is recognized as an electronic transaction preparation service only and is not to be construed as an agent of HP Enterprise Services or the DHCFP.
3. A provider's enrollment in the Nevada Medicaid and Nevada Check Up programs is not affected by this agreement.
4. The Service Center will notify HP Enterprise Services' EDI Department of the names of providers either added to or discontinued from service within five (5) business days.
5. This agreement may be terminated on thirty days' written notice by either party.
6. This agreement will become effective when executed by both parties and may be amended only in writing, similarly executed.

Signature of authorized service center agent: _____

Title of authorized agent _____ Date _____

If you have questions, please call us at (877) 638-3472. Mail this form to: HP Enterprise Services
EDI Coordinator
PO Box 30042
Reno, Nevada 89520-3042

For HPES use only

Service Center Code: _____

Signature of EDI Coordinator: _____ Date: _____